Maltreatment of Children Under Age 2 With Specific Birth Defects: A Population-Based Study

Studies have shown children with disabilities are at an increased risk for maltreatment, but whether the risk of maltreatment is elevated among children with specific types of birth defects is unknown. This populationbased cohort study used data from the Texas Birth Defects Registry to determine whether children with specific birth defects (Down syndrome, cleft lip with/without cleft palate, and spina bifida) were more likely to experience maltreatment than children without a birth defect before age 2.

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Link to abstract: http://www.ncbi.nlm.nih.gov/ pubmed/26620063 Van Horne BS, Moffitt KB, Canfield M, Case A, Greeley CS, Morgan R, Mitchell LE. Maltreatment of children under age 2 with specific birth defects: a population-based study. Pediatrics. 2015; 136(6): e1504-e1512.

Records of children with birth defects from the Texas Birth Defects Registry (TBDR) and cases of maltreatment from Child Protective Service (CPS) records from the Texas Department of Family and Protective Service (TDFPS) were linked through vital statistics records. About three million children born in Texas between 2002 and 2009 were included in the study. Poisson regression analyses were used to identify predictors of child maltreatment and associations between maltreatment and three birth defects: Down syndrome, cleft lip with or without cleft palate, and spina bifida.

Main findings from this research

- Maltreated children with any of the three birth defects studied had a three to six-fold elevated risk of medical neglect, compared to children without birth defects.
- The adjusted risk of maltreatment before age 2 was significantly higher among children with spina bifida (58% higher) and children with cleft lip with or without cleft palate (40% higher) than in children without birth defects. A significant increased risk of maltreatment was not found in children with Down syndrome compared to unaffected children.
- Some predictors of maltreatment identified by this study included premature delivery or low birth weight; having a younger, single, or non-Hispanic white mother; and residence in an economically impoverished neighborhood.

Conclusion and discussion

Findings from this study suggest that the type of birth defect may be an important factor to consider when identifying young children at risk for maltreatment. Important future directions from this research include expanding the analysis to more types of birth defects, as well as extending observation to children throughout childhood to assess whether the risk of maltreatment persists or changes as children age. Findings from this research can help inform policies and intervention programs aiming to identify children at the highest risk of maltreatment.